

Uniformed Services University of the Health Sciences
F. Edward Hébert School of Medicine
 Application for Admission to Graduate Study
 (APPLICATION MUST BE TYPED)

Part I - Personal Data

Name (Last, First, Middle) & E-mail address		Date of Birth (Mo/Day/Yr)	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Academic Year applying for
Application for Admission to Graduate Study in the (Department or Program)		Field of Interest	Academic Degree you will seek <input type="checkbox"/> Ph.D. <input type="checkbox"/> Dr. P.H. <input type="checkbox"/> M.P.H. <input type="checkbox"/> M.T.M.&H. <input type="checkbox"/> M Mil Hx <input type="checkbox"/> M.S. P.H.	
Social Security Number	Citizen of () U.S. () Other _____	Birth Place (City, County, State)(Country)		State of Legal Residence
Mailing Address (Street, City, State, Zip Code)	Phone H () W ()	Permanent Address (Street, City, State, Zip Code)		Phone H () W ()
Are you currently on active duty in the Military Service? <input type="checkbox"/> Yes <input type="checkbox"/> No Branch of Service _____ Rank _____ Corps _____ Entry Date _____				
Indicate your racial/ethnic background (Response Optional) Enter letter code from right _____ A = Asian / Pacific Islander N = Native American X = Other _____ B = African American/Black W = Caucasian/White (specify) H = Hispanic Z = Prefer not to respond				
Indicate any physical handicap you have: Eyesight _____ Hearing _____ Speech _____ Loss of Limb _____ Other _____				

Part II - Education

Secondary School (Name, City, State)					_____ year of graduation								
College Awarding Baccalaureate/Master's Degree(s), and other post-secondary schools attended (Institution, City, State)				<u>Dates of Attendance</u> From / To		Major		Degree Received or Expected & Date		Overall GPA in Major			
				/									
				/									
				/									
				/									
Have you taken the Graduate Record Examination? Yes _____ Date taken _____ No _____						Tests		Scores		Percentile		Subject Scores	
NOTE: The graduate record examination must have been taken within two years of the date of this application. Scores must be sent to the Associate Dean for Graduate Education, USUHS. USUHS school code for GRE's is 5824.						Verbal							
						Quantitative							
						Analytical							
You must request three individuals who are acquainted with you and your academic/professional work to send statements of your qualifications for graduate study DIRECTLY to the Associate Dean for Graduate Education, Uniformed Services University of the Health Sciences. These letters should include a statement of your aptitude and promise for independent research. Provide the following information concerning your references:													
Name			Department			Institution			Date of Request				

Employment Experience: List all relevant research or teaching experience since college (use a separate sheet of paper if necessary):			
Type of Experience	Name of Immediate Supervisor	Description	Dates From / To
			/
			/
			/

Check Appropriate Box	Yes	No	If Yes, Give Explanation
Have you previously applied for admission to graduate study at USUHS? What academic year? What was the result?			
Have you previously applied for admission to another graduate or medical school? What academic year? What was the result?			
Have you ever been withdrawn from or repeated a term in any college or university?			
Have you ever been dismissed from or denied readmission to any college or university?			
Do you consider anything about your academic record or career pattern to be unusual?			
Have you received any academic honors, prizes, or scholarships?			
Have you been elected to any honor societies?			
Have you published any abstracts, articles, books? Do you have any inventions patented?			

You must contact each college, university or graduate school you have attended and request official transcripts to be sent, as well as letters of recommendation and GRE scores, DIRECTLY TO THE ADDRESS BELOW. School code for the GRE is 5824. Deadline for receipt of all documents - transcripts, GRE scores, and letters of recommendation - is 15 January.

On a separate sheet of paper, clarify any periods of time since secondary school, three months or longer in duration, that are not accounted for.

STATEMENT OF PURPOSE: On a separate sheet of paper, write a concise statement concerning your past experience in your intended field of study and in related fields, your plans for graduate study at USUHS, and your career goals and objectives.

Privacy Act Statement: The information solicited in all Uniformed Services University of the Health Sciences application materials is governed by the Privacy Act. The following information is provided for your guidance.

1. The collecting of information about applicants is authorized by Title 5 USC 301 and 10 USC 2114.
2. The purpose of applicant records is to provide information upon which to base USUHS admissions decisions. Social Security Numbers are used to identify records and as a safeguard against error in compiling individual applicants' records.
3. Routine uses of this information will include, in addition to admissions decisions, related research and statistical endeavors designed to improve the admissions process.
4. The submission of information is voluntary on the part of applicants. However, applicants should be aware that failure to complete this form may delay processing and/or increase the probability of accidental mishandling of applications or result in denial of your application.

I have read and understand the instructions (including the Privacy Act Statement). I certify that the information submitted in this application form is complete and correct to the best of my knowledge and I understand that any misrepresentation may be cause for denial of admission.

Signature _____

Date _____

SEND ALL DOCUMENTATION, TRANSCRIPTS, LETTERS OF RECOMMENDATION AND GRE SCORES, DIRECTLY TO: ASSOCIATE DEAN FOR GRADUATE EDUCATION, USUHS, 4301 JONES BRIDGE ROAD, BETHESDA, MD 20814-4799.